| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | T.H | 953 | 02-09-01 |
| RESPONSE FORMALITY REVIEW | mm | 780 | 5-2-01 |

## INDEX OF CLAIMS

| | | |
|---|---|---|
| ✔ ................................. Rejected | N ................................. Non-elected | |
| = ................................. Allowed | I ................................. Interference | |
| — (Through numeral)... Canceled | A ................................. Appeal | |
| ÷ ................................. Restricted | O ................................. Objected | |



If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)